

**FLEXCOMP ENROLLMENT**

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 53851 (Rev. 07/05)

[In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.]

NDPERS • PO Box 1657 • Bismarck, • North Dakota 58502-1657
(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920

PART A APPLICANT INFORMATION☐ New Election **Date of Hire:** _____

To participate in the Plan for the period _____ through December 31, 200____.

☐ Change in Status (Complete SFN 53511 FlexComp Change in Status Form)

Employee Name (Last, First, MI)

Employee ID # **(Required)**

Department Name

Department Number

Depart. Phone #

Social Security # **(Required)****PART B PREMIUM CONVERSION**

Group Life Employee Supplemental Insurance Premium up to \$50,000 of coverage will automatically be pre-taxed.

I decline to have Group Life Employee Supplemental Insurance Premium pre-taxed.

Applicant's Signature

Date of Signature

I elect to pre-tax the following insurance premium(s) for the FlexComp Plan year, excluding the Group Life Insurance.

Company Name

Company Name

Company Name

PART C MEDICAL SPENDING REIMBURSEMENT ACCOUNTMedical Reimbursement Benefits Annual
Maximum: \$6000Salary Redirection
Per Pay Period
\$ _____ XNumber of
Payroll Checks
_____Total Salary Redirection
for the Plan Year
= \$ _____**PART D DEPENDENT CARE REIMBURSEMENT ACCOUNT**Dependent Care Reimbursement Benefits Annual
Maximum: Single - \$5,000 Married - \$5,000
Married filing separate tax returns - \$2,500Salary Redirection
Per Pay Period
\$ _____ XNumber of
Payroll Checks
_____Total Salary Redirection
for the Plan Year
= \$ _____**PART E DIRECT DEPOSIT & DISBURSEMENT AUTHORIZATION**

I elect to have my:

FlexComp check or direct deposit advice and correspondence sent using the inside mail system.

☐ Yes ☐ No

FlexComp payment Direct Deposited.

☐ Yes ☐ No**PART F AUTHORIZATION**

I have read the information in its entirety, INCLUDING THE BACK PAGE, and I hereby apply for the options listed above. I understand this agreement revokes my prior election. I authorize NDPERS to adjust my pay as required by my election. I understand that the benefit options I have elected will remain in force throughout the plan year unless I have a change in status event allowed under IRC Section 125. If my required contributions for the elected insurance premiums are increased or decreased while this agreement is in effect, my pay reduction will automatically be adjusted to reflect that increase or decrease. I understand that any amounts remaining in my account(s) not used for eligible expenses incurred during the plan year will be forfeited in accordance with current plan provisions and tax laws.

Applicant's Signature_____
Date of Signature**PART G PAYROLL PERSONNEL STAFF USE ONLY**

I certify that this employee meets eligibility requirements and has been enrolled in pre-tax benefits applied for on this form.

Authorized Agent Signature_____
Date of Signature

RETURN THIS FORM TO YOUR AGENCY'S PAYROLL PERSONNEL DEPARTMENT
RETAIN A PHOTOCOPY FOR YOUR RECORDS

ENROLLMENT

New employees who meet eligibility requirements must enroll within 60 days of their hire date. You may enroll as a new employee by completing this enrollment form. Your participation will begin the first day of the month that the contribution is received.

ENROLLMENT FORM INSTRUCTIONS

PART A: Applicant's Information

Complete the information in its entirety. For employees paid through the Office of Management and Budget (OMB) payroll system, your employee ID number can be found on your Pay stub or direct deposit advice. For employees paid through their agencies payroll system, NDPERS will issue you an employee ID number at the time we process your application.

PART B: Premium Conversion

Your Group Life Employee Supplemental Insurance Premium up to the first \$50,000 in coverage will automatically be pretaxed. If you decline to have this premium pretaxed, sign and date inside the box. List by company name any eligible payroll deducted insurance premiums you wish to have pretaxed (ie: NDPERS Dental Plan-Reliastar, NDPERS Vision Plan-Ameritas).

PART C: Medical Spending Account

Enter the amount you want payroll deducted per pay period. Enter the number of payroll checks you will receive beginning with the first month a payroll deduction will be withheld through the end of the plan year on December 31st. Multiply the amount to be deducted per pay period by the number of payroll checks you will receive and enter this amount in Total Salary Redirection for the Plan Year. You cannot exceed the annual plan year maximum amount stated on the form.

PART D: Dependent Care Reimbursement Account

Enter the amount you want payroll deducted per pay period. Enter the number of payroll checks you will receive beginning with the first month a payroll deduction will be withheld through the end of the plan year on December 31st. Multiply the amount to be deducted per pay period by the number of payroll checks you will receive and enter this amount in Total Salary Redirection for the Plan Year. Your election must be within the annual plan year maximum guidelines stated on the form.

PART E: Direct Deposit & Disbursement Authorization

FlexComp reimbursement checks, or direct deposit advice, quarterly statements, and any administrative correspondence relative to the FlexComp Program will be sent to you through the inside mail system. *This option is only available if your agency uses the inside mail system.*

- Direct Deposit for employees paid through OMB is available if you are having your payroll check direct deposited. Your FlexComp reimbursement will be deposited into the same account that the balance of your paycheck is being deposited into.
- For employees paid through their agency's payroll system, **you must complete form SFN 53852 and submit with your election form.** Contact your payroll personnel department to obtain the form or download the form from the NDPERS website at www.nd.gov/ndpers.

PART F: Authorization

Sign and date the form. **INCOMPLETE FORMS WILL BE RETURNED.**

PART G: Payroll Personnel Staff Use Only

New Hires: Payroll personnel will set up record based on the information on the form. Sign and date form. Keep a copy for your records. Return original to NDPERS.

Change in Status: Payroll Personnel will keep a copy of this form for their records and return the original to NDPERS. A confirmation letter will be sent approving or denying request. Payroll will set up record upon receipt of the confirmation letter.